

EXPEDITED DUE PROCESS HEARING REQUEST FORM

Please submit any request for an expedited due process hearing to your district superintendent and to the Dispute Resolution Coordinator, State Department of Education, Division of Student Achievement and School Improvement, P.O. Box 83720, Boise, ID 83720-0027. (You may use this form or submit a letter that includes the information below.)

A. General Information:

Date of Written Request: _____ Date Received (completed by SDE): _____

Name of Individual Requesting Hearing: _____

Address: _____

City: _____ Zip: _____ Day Phone: _____

Parent/Guardian of Student: _____

Address: _____

City: _____ Zip: _____ Telephone: (Hm) _____ (Wk) _____

Name of District/Agency Hearing Request Is Against: _____

Student Information:**District Information:**

Student Name: _____

District Contact: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Date of Birth: _____

Telephone: _____

School Student Attends: _____ Grade: _____

(Complete if the information is available):

Student's Attorney: _____

(Complete if the information is available):

District's Attorney: _____

B. Issue(s): Describe your specific problem that relates to any matter of identification, evaluation, educational placement, or provision of a free appropriate public education. Summarize the facts and information as a basis for each allegation. (Attach additional pages if needed.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

C. Resolution: Please provide your suggestions for solving the problem. (Attach additional pages if needed.)

[illegible]

Signature of Individual Requesting Hearing

Title or Relationship to Student

Date _____